

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**(703) 746-4000**

or **Fax**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23446 7590 10/07/2004

**MCANDREWS HELD & MALLOY, LTD**  
**500 WEST MADISON STREET**  
**SUITE 3400**  
**CHICAGO, IL 60661**

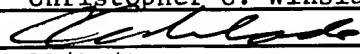
01/11/2005 CNGUYEN1 00000007 10083203

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|  |                    |
|--|--------------------|
| <b>Christopher C. Winslade</b>   | (Depositor's name) |
|  | (Signature)        |
| <b>01/05/2005</b>  | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/083,203      | 02/26/2002  | David Chaohua Wu     | 13588US01           | 5688             |

TITLE OF INVENTION: SCALING ADJUSTMENT TO ENHANCE STEREO SEPARATION

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE                | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|--------------------------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400 <del>\$1800</del> | \$300           | \$1670           | 01/07/2005 |

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| YENKE, BRIAN P | 2614     | 348-738000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**McAndrews, Held & Malloy, Ltd.**

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Broadcom Corporation****Irvine, California, United States of America**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-0017 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

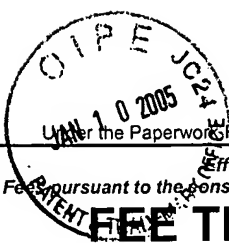
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Date **01/05/2005**Typed or printed name **Christopher C. Winslade**Registration No. **36,308**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective on 12/08/2004.  
Pursuant to the Consolidated Appropriates Act. 2005 (H.R. 4818),

# FEE TRANSMITTAL for FY 2005

Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/083,203       |
| Filing Date          | 02/26/2002       |
| First Named Inventor | David Chaohua Wu |
| Examiner Name        | Brian P. Yenke   |
| Art Unit             | 2614             |
| Attorney Docket No.  | 13588US01        |

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)  
1,700.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fees(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                      | SEARCH FEES |                      | EXAMINATION FEES |                      | Fees Paid(\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|---------------|
|                  | Fee (\$)    | Small Entity Fee(\$) | Fee(\$)     | Small Entity Fee(\$) | Fee(\$)          | Small Entity Fee(\$) |               |
| Utility          | 300         | 150                  | 500         | 250                  | 200              | 100                  |               |
| Design           | 200         | 100                  | 100         | 50                   | 130              | 65                   |               |
| Plant            | 200         | 100                  | 300         | 150                  | 160              | 80                   |               |
| Reissue          | 300         | 150                  | 500         | 250                  | 600              | 300                  |               |
| Provisional      | 200         | 100                  | 0           | 0                    | 0                | 0                    |               |

### 2. EXCESS CLAIM FEES

| Fee Description   | Fee(\$) | Small Entity Fee(\$) |
|---|---------|----------------------|
| Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent            | 50      | 25                   |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200     | 100                  |
| Multiple dependent claims   | 360     | 180                  |
| <u>Total Claims</u>   |         |                      |
| <u>Extra Claims</u>   |         |                      |
| <u>Fee(\$)</u>  |         |                      |
| <u>Fee Paid (\$)</u>  |         |                      |
| <u>Multiple Dependent Claims</u>  |         |                      |
| <u>Fee</u>  |         |                      |
| <u>Fee Paid (\$)</u>  |         |                      |
| <u>Indep. Claims</u>  |         |                      |
| <u>Extra Claims</u>   |         |                      |
| <u>Fee(\$)</u>  |         |                      |
| <u>Fee Paid (\$)</u>  |         |                      |

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee(\$) | Fee Paid(\$) |
|--------------|--------------|--|---------|--------------|
| -100         | /50          | (round up to a whole number)                     | x       | =            |

### 4. OTHER FEE(S)

|                 | Fee Paid(\$) |
|-----------------|--------------|
| Issue Fee       | 1,400.00     |
| Publication Fee | 300.00       |

### SUBMITTED BY

|                   |                         |                                   |            |           |               |
|-------------------|-------------------------|-----------------------------------|------------|-----------|---------------|
| Signature         |                         | Registration No. (Attorney/Agent) | 36,308     | Telephone | (312)775-8000 |
| Name (print/type) | Christopher C. Winslade | Date                              | 01/05/2004 |           |               |